·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  10 047445												-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			53		1		Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			53 minus 20=		.33		Γ	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		3		1	X42=	20"	OR	X84=	_	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	·OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
- TOWE	Total	· 40	Minus	5	3	-		X\$ 9=		OR	X\$18=		
ME	Independent	• 4	Minus	*** (	e	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		Ī	+140=.		OR	+280=		
								TOTAL DOIT, FEE		OR	YOYAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	REST ABER ROUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Õ M	Total	•	Minus	**		5		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		c		X42=		OR	X84=	·	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=		
							L	TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Coli	ımn 2)	(Column 3)		DOIT. FEE			AUUII. FEE	<b></b>	
AMENDMENT C		CLAIMS REMAINING AFTER		HIG NU! PREV	HEST MBER TIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAI	D FOR		11	V\$ 0	FEE	1	X\$18=	FEE	
	Independent	•	Minus	***			11	X\$ 9=		OR	You	-	
NA.		NTATION OF N			VT CLAIM	4 D	1	X42=	<b>_</b>	OR	X84=	<del> </del>	
								+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE		
	M sha Whishass Ab	umber Previously I mber Previously P	Daid For IN T	HIS SPACE	= is less ti	nan 3. emler "3."		end in the ap	ppropriate b	ox in c	oluma 1.		

FORM PTO-675 (Rev. 8/01) \$\pmu\_0 \text{cropped 482-1741/96197}

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